



AMERICORPS END-TERM EVALUATION



Instructions:

1. Supervisor fill in the answers
 2. Print the entire evaluation
 3. Review the evaluation with the member
 4. Supervisor and member sign the evaluation; **date signatures the same date (member's contract end date)**
 5. Mail completed, signed original evaluation to: Iowa Department of Public Health, ATTN: Amanda McCurley, Bureau of Substance Abuse, 321 E. 12th Street, Des Moines IA 50319
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Print supervisor name: _____

Supervisor signature: _____ Date: _____

Print member name: _____

Member signature: _____ Date: _____

1. Has your member completed the required number of service hours (1700 or 900 hours)?
☐ Yes
☐ No – specify the number of hours completed _____
2. Has your member satisfactorily completed assignments as outlined in their Member Service Agreement and position description?
☐ Yes
☐ No
Comments:
3. Has your member met other performance criteria that was clearly communicated at the beginning of their term of service?
☐ Yes
☐ No
Comments:
4. Did your member meet all expectations by expanding capacity, increase stakeholder's involvement, enhance the impact related to substance abuse prevention and build sustainability of your youth mentoring program?
☐ Yes – specify which groups: _____
☐ No

5. Please rate your AmeriCorps member's quality of work:	<i>Doesn't Meet Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>NA</i>
a. Professional behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsibility: Sets priorities, anticipates needs, avoids schedule conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Desire to learn: Creative and/or resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Punctuality: Carries out duties, reports to service on time, regularly and consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follow through on tasks and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to develop, implement ideas and problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Demonstrates leadership: Effectively instructs and delegates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Customer Service: Interaction with internal and external stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to set and achieve personal/professional goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attention to detail: Quality, accuracy and completeness of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Submits time sheets and administrative paperwork in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Communication: Understands and clearly communicates written and verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Teamwork: Functions well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Ability to plan projects and/or events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Self-Management: Requires minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. Describe your member's most important accomplishments and strengths during their term of service:

7. What could your member do to improve their performance in future positions?

8. How did your member make a difference at your site?

9. Would you recommend this person for another AmeriCorps term?

- ☐ Yes
☐ No

10. Please provide any additional comments you feel program staff should be aware of regarding your member: